

2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---------------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | 1 | | | | | |
| 6 | | 1 | | | | |
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| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | 1 | | | | |
| 12 | | | | | | |
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| 15 | | | | | | |
| 16 | | 1 | | | | |
| 17 | | | | | | |
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| 20 | | | | | | |
| 21 | | 1 | | | | |
| 22 | | | | | | |
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| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | 1 | | | | | |
| 28 | | 1 | | | | |
| 29 | | | | | | |
| 30 | | 1 | | | | |
| 31 | | | | | | |
| 32 | | | | | | |
| 33 | | 1 | | | | |
| 34 | | | | | | |
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| 36 | | | | | | |
| 37 | | 1 | | | | |
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| 42 | | | | | | |
| 43 | 1 | | | | | |
| 44 | | 1 | | | | |
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| 48 | | | | | | |
| 49 | | 1 | | | | |
| 50 | | | | | | |
| TOTAL IND. | | | | | | |
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|---------------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | |
| 52 | | 1 | | | | |
| 53 | | | | | | |
| 54 | | | | 1 | | |
| 55 | | 1 | | | | |
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| 59 | | 1 | | | | |
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| 61 | | | 1 | | | |
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| 63 | | 1 | | | | |
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| 67 | | | | | | |
| 68 | | 1 | | | | |
| 69 | | | | | | |
| 70 | | 1 | | | | |
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| 98 | | | | | | |
| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | 19 | | | | |
| TOTAL DEP. | | 51 | | | | |
| TOTAL CLAIMS | | 70 | | | | |